

MONTANA LEGISLATIVE HISTORY

Chapter 165 1995

Bill H _____ S 84

Original bill & history ☒ C

H. Committee on Human Services

S. Committee on Public Health

Hearing Date(s) _____ C

Hearing Date(s) _____ C

3/1 ☒ C

4/25 ☒ C

_____ C

_____ C

_____ C

_____ C

Date Out

3/6 ☒ C

4/31 ☒

Did this bill originate in an interim committee? ☐ Yes ☐ No

Committee _____

Report _____

SB 84

INTRODUCED BY CHRISTIAENS, ET AL.

REVISE SERVICES PROVIDED BY MONTANA CHEMICAL DEPENDENCY CENTER

BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES

1/10	INTRODUCED		
1/10	FIRST READING		
1/10	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
1/11	FISCAL NOTE REQUESTED		
1/16	FISCAL NOTE RECEIVED		
1/16	FISCAL NOTE PRINTED		
1/25	HEARING		
1/31	COMMITTEE REPORT—BILL PASSED		
2/01	2ND READING PASSED	28	21
2/02	3RD READING PASSED	29	19
	TRANSMITTED TO HOUSE		
2/03	FIRST READING		
2/03	REFERRED TO HUMAN SERVICES & AGING		
3/01	HEARING		
3/06	COMMITTEE REPORT—BILL CONCURRED		
3/07	2ND READING CONCURRED	90	10
3/08	3RD READING CONCURRED	92	8
	RETURNED TO SENATE		
3/11	SIGNED BY PRESIDENT		
3/11	SIGNED BY SPEAKER		
3/13	TRANSMITTED TO GOVERNOR		
3/17	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 165		
	EFFECTIVE DATE: 10/01/95		

SB 85

INTRODUCED BY BENEDICT, ET AL.

REVISE THE LITTLE DAVIS-BACON ACT

1/10	INTRODUCED		
1/10	FIRST READING		
1/10	REFERRED TO LABOR & EMPLOYMENT RELATIONS		
1/11	FISCAL NOTE REQUESTED		
1/18	FISCAL NOTE RECEIVED		
1/18	FISCAL NOTE PRINTED		
1/26	HEARING		
2/09	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/13	2ND READING DO PASS MOTION FAILED	19	31
2/13	2ND READING INDEFINITELY POSTPONED	33	16

SB 86

INTRODUCED BY GAGE

CLARIFY DEFINITION OF "DEPARTMENT" AS TERM APPLIES TO TAXES ON FUEL

BY REQUEST OF THE DEPARTMENT OF TRANSPORTATION

1/11	INTRODUCED		
1/11	FIRST READING		
1/11	REFERRED TO HIGHWAYS & TRANSPORTATION		
1/12	FISCAL NOTE REQUESTED		
1/16	FISCAL NOTE RECEIVED		
1/17	FISCAL NOTE PRINTED		
1/24	HEARING		
1/24	TABLED IN COMMITTEE		
2/18	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/20	2ND READING PASSED	50	0

SENATE BILL NO. 84

Spring

INTRODUCED BY

Christiansen, Anna Deb Kottel Benedict, J. J. J. J. J.

BY REQUEST OF THE DEPARTMENT OF CORRECTIONS AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT REVISING THE SERVICES PROVIDED BY THE MONTANA CHEMICAL DEPENDENCY CENTER; ELIMINATING THE PROVISION OF EMERGENCY SERVICES AT THE MONTANA CHEMICAL DEPENDENCY CENTER FOR INTOXICATED PERSONS OR PERSONS INCAPACITATED BY ALCOHOL; AMENDING SECTIONS 53-21-603, 53-24-207, AND 53-24-303, MCA; AND REPEALING SECTION 53-24-304, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 53-21-603, MCA, is amended to read:

"53-21-603. Chemical dependency treatment center. (1) There is a Montana chemical dependency treatment center. The Montana chemical dependency treatment center is the approved public treatment facility as defined in 53-24-103.

(2) The Montana chemical dependency treatment center shall provide detoxification, evaluation, treatment, referral, and rehabilitation to persons in Montana who are referred for ~~the~~ inpatient treatment of alcoholism or other chemical dependency."

Section 2. Section 53-24-303, MCA, is amended to read:

"53-24-303. Treatment and services for intoxicated persons and persons incapacitated by alcohol.

(1) ~~An intoxicated person may come voluntarily to an approved public treatment facility for emergency treatment. A person who appears to be intoxicated in a public place and to be in need of help, if he consents to the proffered help, may be assisted to his~~ the person's home, an approved public treatment facility, an approved private treatment facility, or other health facility by the police, if the person consents to an offer for help.

(2) A person who appears to be incapacitated by alcohol ~~shall~~ must be taken into protective custody by the police and ~~forthwith brought to an approved public treatment facility for emergency treatment. If no approved public treatment facility is readily available, he shall~~ must be taken to an

1 emergency medical service customarily used for incapacitated persons. The police, in detaining the person
2 ~~and in taking him to an approved public treatment facility,~~ are taking him the person into protective custody
3 and shall make every reasonable effort to protect his the person's health and safety. In taking the person
4 into protective custody, the detaining officer may take reasonable steps ~~to protect himself for the officer's~~
5 own protection. ~~No~~ An entry or other record may not be made to indicate that the person taken into
6 custody under this section has been arrested or charged with a crime.

7 ~~(3) A person who comes voluntarily or is brought to an approved public treatment facility shall be~~
8 ~~examined by a licensed physician as soon as possible. He may then be admitted as a patient or referred~~
9 ~~to another health facility. The referring approved public treatment facility shall arrange for his~~
10 ~~transportation.~~

11 ~~(4) A person who by medical examination is found to be incapacitated by alcohol at the time of~~
12 ~~his admission or to have become incapacitated at any time after his admission may not be detained at the~~
13 ~~facility once he is no longer incapacitated by alcohol or, if he remains incapacitated by alcohol, for more~~
14 ~~than 48 hours after admission as a patient unless he is committed under 53-24-304. A person may consent~~
15 ~~to remain in the facility as long as the physician in charge believes appropriate.~~

16 ~~(5) A person who is not admitted to an approved public treatment facility and is not referred to~~
17 ~~another health facility may be taken to his home. If he has no home, the approved public treatment facility~~
18 ~~shall assist him in obtaining shelter.~~

19 ~~(6) If a patient is admitted to an approved public treatment facility, his family or next of kin may~~
20 ~~be notified if the patient consents to such notification."~~

21
22 **Section 3.** Section 53-24-207, MCA, is amended to read:

23 **"53-24-207. Comprehensive program for treatment.** (1) The department shall establish a
24 comprehensive and coordinated program for the treatment of chemically dependent persons, intoxicated
25 persons, and family members.

26 (2) The program ~~shall~~ must include:

27 (a) emergency treatment provided by a facility affiliated with or part of the medical service of a
28 general hospital;

29 (b) inpatient treatment;

30 (c) intermediate treatment;

1 (d) outpatient treatment; and

2 (e) ~~follow up~~ followup services.

3 (3) The department shall provide for adequate and appropriate treatment for alcoholics and
4 intoxicated persons admitted under 53-24-301 through ~~53-24-304~~ 53-24-303.

5 (4) All appropriate public and private resources ~~shall~~ must be coordinated with and ~~utilized~~ used
6 in the program if possible.

7 (5) The department shall prepare, publish, and distribute annually a list of all approved public and
8 private treatment facilities."

9
10 NEW SECTION. **Section 4. Repealer.** Section 53-24-304, MCA, is repealed.

11 -END-

MINUTES

**MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By **CHAIRMAN JIM BURNETT**, on January 25, 1995, at
1:10 pm

ROLL CALL

Members Present:

Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Steve Benedict, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Mike Sprague (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)
Sen. Terry Klampe (D)

Members Excused: None

Members Absent: Sen. Arnie A. Mohl (R)

Staff Present: Susan Fox, Legislative Council
Karolyn Simpson, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 84
Executive Action: SB 9

{Tape: 1; Side: 1; Comments: tape malfunction, lost 1st 5 minutes.}

HEARING ON SB 84

Opening Statement by Sponsor:

SENATOR CHRIS CHRISTIAENS, SD 23, Great Falls said SB 84 will eliminate only the detox services at MCDC. The distance from most counties to MCDC in Butte is too far to make it practical for those residents, so they really don't make use of the facility. During FY94, three hundred and fifty admissions to MCDC were not for treatment, but for detox only. If SB 84 does not pass, there will have to be increased funding to operate MCDC because the lack of alcohol tax money will result in decreased dollars.

Proponents' Testimony:

Darryl Bruno, Administrator of the Alcohol and Drug abuse Division, Department of Corrections and Human Services read his written testimony in support of SB 84. **EXHIBIT 1.**

Norma Jean Boles, Manager, Standards and Quality Assurance & Medial Coordinator, Alcohol and Drug Abuse Division read her written testimony in support of SB 84. **EXHIBIT 2.**

SENATOR BURNETT had to leave the hearing to attend another hearing. **SENATOR BENEDICT, Vice Chairman,** took over chairing the hearing.

Roland Mena, Director, Montana Chemical Dependency Center read his written testimony in support of SB 84. He said eliminating the revolving door will not prevent anyone from receiving care if they meet the criteria for admission. **EXHIBIT 3.**

Rob Robinson from Gateway Recovery Center in Great Falls, spoke in support of SB 40. Gateway Recovery Center is a community-based out-patient service. In the last 12 to 18 months, the alcohol programs in the state and the Alcohol and Drug Abuse Division have been looking at possible ways to improve the systems and how they are delivered in the state of Montana, including both MCDC and community-based out-patient programs, knowing that there are limited dollars to work with. The days of providing a social service, homeless service, or a non-therapeutic bed-and-breakfast to people in the revolving door must change. This results in increased dollars spent and less effective services delivered. This relates directly with **SB40**, which addressed assessment for proper patient placement for patients to MCDC, and the point of access to get proper assessment, diagnosis and placement are critical. **SB40** and **SB84** will work together to improve the system. Patients must be assessed and properly placed, with the goal to stabilization and progression. With the present revolving door scenario, it circumvents the system and results in more time and more dollars spent on those individuals who are much less motivated to do anything about their usage.

During the last 16 years he has working in the field, he has worked 3 different times in in-patient care facilities. Typically, 10 years ago, individuals coming in for detox, there would be a 5-7 day stay for detoxification only. This would depend on the season of the year. During the cold weather seasons, the detox facilities were a comfortable setting to avoid the weather or other problems. His most recent experience with an in-patient setting, the overall continuum of care was improved with early assessment, accurate diagnosis, and appropriate placement. The result was the detoxification stays (the actual length of stay) decreased to 12 to 36 hours, where medical stabilization was needed. Often there is confusion, when someone is in need of detoxification, the individual is referred without looking at the medical stabilization and then transferring them into another part of the continuum to begin a therapeutic

process. Basically, only the detox is considered. SB 84 and SB 40 can improve the overall system with shorter lengths of stay in an in-patient facility, then referred for access to the therapeutic process. He anticipates hearing the argument that there will be people dying in the streets because they need detox rather than focusing on medical stabilization. In 1986-87, Indian Health Service in Montana and Wyoming proposed eliminating their social detox centers, which were a continuous revolving door. The cry went up in communities that there were going to be people dying in the streets, but by 1989 it was found that less than 3% of the people accessing the services were actually in need of medical detoxification or medical stabilization.

The state of Montana's system is designed with community-based programs that can be accessed, then if more intensive services are needed, the individual can be placed into the more intensive services as needed, rather than starting at the most intensive, most restrictive, and most expensive level of care, then trying to justify moving them downward. There will be emergency detox situations when individuals can receive this care at hospitals.

Kathy McGowan, representing Chemical Dependency Programs of Montana, an organization comprised of both in-patient and out-patient program in the state, spoke in favor of SB 84.

Opponents' Testimony:

Bob Olson, representing the Montana Hospital Association, does not support SB 84. There are some important issues that need to be addressed with the move to end detox services at MCDC. There are revolving-door alcoholics that impose a problem on the system with no interest in being treated, and there are others who are desperately ill and need in-patient services.

This statute provides a nice framework as to why there is a problem in communities for hospitals dealing with people who are intoxicated. It directs the police, when they come in contact with an incapacitated person, to refer those people to the emergency medical services customarily used for incapacitated persons - that's the emergency room of most local hospitals.

The detoxification services at MCDC tend to be a regional service. When an individual is put into the hospital in Billings, Miles City, Glendive, or Kalispell, it isn't reasonable for them to take the expense of an ambulance and an attendant, and take them to Butte for medical detoxification. It's probably more cost effective to provide the care in the community and eat the costs, but those costs are not absorbed. There is no free lunch. He said that this can be considered as an unfunded mandate. As the state removes its services and leaves them to the community, and saying that someone else is going to have to figure out the problem of the revolving-door alcoholics. If it's difficult for a sheriff's deputy to deal with a belligerent intoxicated person, and it's not appropriate for MCDC in Butte to handle these people, then why is it appropriate for a local emergency room, which is typically staffed with a nurse and LPN, appropriate for these

people to deal with the problem. Apparently, it has been decided to make the hospital emergency room the drunk tank and that probably the most expensive place that could have been chosen in the community.

Bob Olson, also said that he thinks that this bill needs to deal with those issues and find a way for the public to supply the funding for these services.

Questions From Committee Members and Responses:

SENATOR KLAMPE asked how are these revolving-door alcoholics going to be dealt with, if they do need medical intervention.

SENATOR CHRISTIAENS replied that these particular people are not just living in the four counties that are the primarily users of MCDC - they live all over the state. The police are taking these people to the present community-based programs and local emergency rooms, they are being cared for on a local basis. This is alleviating or spreading out those limited resources instead of serving the state as a whole.

SENATOR ECK asked whether there are any communities in the state that have local facilities, other than the hospital emergency room, to handle detox.

Darryl Bruno replied that MCDC is not a hospital but is a medically monitored unit, and usually people who require hospital care cannot be cared for at MCDC. There is a free-standing program in the state, funded by county money, the Rimrock Foundation in Billings. MCDC in Butte is too far a distance from most parts of the state for people to access the services at MCDC - that is the major problem. That's why it's a regional program. The communities which are very close access the services at MCDC.

SENATOR ECK asked how many hospitals have detox facilities.

Darryl Bruno replied that he thinks most hospitals have the capabilities to provide medical detox services.

SENATOR ECK asked if other states have more appropriate ways to deal with detox.

Darryl Bruno replied that there some states that have regional detox programs. MCDC is a regional program run by a large proportion of the state earmarked dollars. Detox should probably be provided on a regional basis. There is a short base of earmarked alcohol tax money that has to provide out-patient and in-patient services in communities. It's necessary to provide that kind of treatment to prevent the revolving-door detox clients. The funding is not available to take care of all of the problems in the state.

SENATOR ECK asked about cost comparison of detox services between MCDC, Rimrock Foundation, and the hospital emergency room.

Darryl Bruno replied that the cost of detox at MCDC is based on the allocation - the cost is about \$354.00 per day at MCDC. He said that he doesn't know what the cost is at hospitals. The problem is that there is a shortage of funding, and relating that to the earmarked funding that goes for detox, has to go for all the services provided in the state.

SENATOR SPRAGUE asked Bob Olson how he would fix the system.

Bob Olson said that he doesn't have an answer to the problem. They like the idea of strengthening the community-based services because more people are probably helped by becoming sober over a long period of time than hospitals can help by detoxifying people. Because there is a federal law that once an individual enters the emergency room, the hospital can't escape the responsibility of treatment. He feels that this bill lets the state escape its responsibility by requiring a comprehensive program that includes in-patient treatment and emergency services offered by hospitals. It just doesn't pay for those services.

SENATOR SPRAGUE asked how many of these people are carried under the federal program, such as the Indian population, in the emergency room.

Bob Olson replied that he doesn't have specific information of the distribution of individuals that are within that situation, but it's know that alcohol-related problems are probably greater in the Indian population. He then said that the problem should not be considered an Indian problem. When someone has coverage from Indian health services or Medicaid, their medical detox is paid for in emergency room services.

SENATOR BAER asked that when people are turned away from detox at MCDC, and go to the hospital emergency room for treatment, how is the expense of treating these people passed on.

Bob Olson replied there are higher charges for people who pay for their hospital care to provide for state-sponsored clients. Anyone who doesn't pay their bill, or doesn't pay for all their expenses, someone else will have to pick up the tab.

SENATOR BENEDICT asked if Bob Olson would agree that the counties have some responsibility too. The possibility exists that many of the jail cells which used to be holding tanks or drunk tanks are now being used for other prisoners, and that they're trying to find a way to dump those detox people on someone else.

Bob Olson agreed with **SENATOR BENEDICT'S** statement.

SENATOR BENEDICT asked how Bob Olson, that with the mission of MCDC, why the state is more culpable than the counties.

Bob Olson replied that the counties budgets must pay for services of those who are incarcerated, prisoners who are arrested on

minor offenses that are deflected for either being intoxicated, suicidal or mentally ill. They are all sent to the emergency room. The counties don't have any more money than local law enforcement budgets for this purpose. By failing to charge people, it's the same as not charging them until discharge from the hospital and they escape financial responsibility. He thinks the state is shirking its responsibility because there is earmarked tax for these services. Because of the lowered usage of alcohol, tax revenues are falling, but there are still people who overuse the services.

Closing by Sponsor:

SENATOR CHRISTIAENS said that with shrinking dollars, less services will be provided. There is clear choice with this particular bill - we can add \$122,000 for each year of the next biennium to provide detox services, that basically cover a 3-county area, or funding can be increased by \$100,000 for all of the community-based programs in the state. We need to be using the least expensive services first, rather than the most expensive services first, as people are stabilized. There are limited dollars, and probably two years from now there will be even fewer dollars from alcohol taxes for these kinds of services. Yet, the real problem is that there are many people who, at some point, are out of control and need detox, as well as stabilization. Until these things are done, nothing can be done effective in treatment. The MCDC is there for treatment, coupled with a good after-care program in the communities. The choice is to, somehow, raise revenues to do both, or both are going to suffer. He urged passage of SB 84.

Hearing closed on SB 84.

EXECUTIVE ACTION ON SB 9

SENATOR BENEDICT said that because the parties have not been able to come together, the Department of Commerce and those who drafted the legislation, have asked that the bill be tabled.

Motion/Vote: SENATOR ESTRADA MOVED SB 9 BE TABLED. The TABLE motion for SB 9 CARRIED with Senator Franklin voting NO.

Testimony SB 84

This bill, introduced by Senator Chris Christiaens, for the Department of Corrections and Human Services is at the request of the Montana Advisory Council on Chemical Dependency.

SB 84. will dramatically change the scope of operations at the Montana Chemical Dependency Center (MCDC) in Butte.

The Montana Chemical Dependency Center is a 90 bed inpatient and 10 bed non hospital detoxification chemical dependency treatment program. Prior to the 1993 legislature, this program was located on the Galen campus of the Montana State Hospital. MCDC is funded from earmarked alcohol tax revenue appropriated by the legislature. The fy 96 operating budget is projected at about \$2,365,000 each year with a staff of about 47 FTE. MCDC is administered by the DCHS Alcohol and Drug Abuse Division. MCDC's budget represents over 60% of the total earmarked (state) funding for chemical dependency treatment and prevention services. Therefore appropriate and necessary utilization of this program by the state is of prime concern.

What is this bill all about?

It is about decreasing state expenditures by eliminating a regional program that does not serve the state very well.

SB 84 will abolish detoxification services for the revolving door alcoholic who are primarily from 3 counties Missoula, Lewis & Clark, and Silver Bow, individuals who return to MCDC time and again to sober up and then return to drinking and drug use, some of which have severe psychiatric & medical problems. Passage of this bill will allow MCDC staff to focus in on the mission of the program "providing responsive and innovative inpatient chemical dependency treatment services to the people of Montana. This bill **will not** eliminate services for individuals needing detoxification who have requested and need inpatient treatment services.

In April of 1994 tasks forces were assembled to work on critical issues regarding funding in the chemical dependency arena. The Detoxification Services task force was assigned the following objective: To assess detoxification services state wide and make recommendations. This committee, chaired by a member of the Montana Advisory Council on Chemical Dependency and included directors from community programs, physicians from a Great Falls hospital and MCDC and ADAD staff .

The detox committee came up with conclusions and recommendations which led to SB 84 and a personal services **reduction** in the **executive budget**.

The executive budget proposal includes a Personal Services Reduction for detoxification services. We believe that this reduction is conservative and greater savings will be realized. It is imperative that **state expenditures** from the only state source for chemical dependency services be **reduced**.

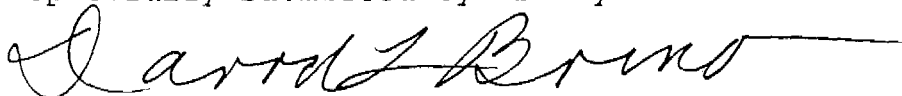
Appropriations for state programs are utilizing more of the earmarked revenue. Less is available to distribute to community out patient programs, the **back bone** of our chemical dependency system. In **Fy 84** state appropriations consumed about .50% of the total earmarked alcohol revenue, in **Fy 94** state expenditures were 75% of the total. Projected distribution to counties for approved programs in the executive budget has dropped from \$1,330,000 in **Fy 92** to \$800,000 in **fy 96**. Community programs need a solid base of earmarked revenue to survive. Every piece of legislation requested by the DCHS/ADAD this session intends to reverse the trend and put earmarked back into community outpatient programs.

MCDC cannot be all things to all communities. Yes, providing detox services is a major problem for all communities in Montana. ADAD needs to work with other groups in solving the problem, however providing a regional program will not solve a state problem. Programs at MCDC must serve the state.

Passage of this bill **will not** prevent any one from receiving detox services at MCDC when inpatient treatment is the required level of care. It will allow MCDC to control costs and provide a more intense level of care to those individuals that are appropriate for inpatient services.

I encourage your support for passage of SB 84.

Respectfully Submitted by Darryl L. Bruno

A handwritten signature in cursive script, reading "Darryl L. Bruno". The signature is written in dark ink and is positioned below the typed name.

Administrator of the Alcohol and Drug abuse Division
Department of Corrections and Human Services.

DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

SENATE HEALTH & WELFARE

EXHIBIT NO. 2

DATE 1/25/95

BILL NO. SB 84



MARC RACICOT, GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 444-3930
FAX: (406) 444-4920

PO BOX 201301
HELENA, MONTANA 59620-1301

TESTIMONY FOR SB 84

SB 84 is a proactive solution to escalating costs and problems associated with the provision of detox only services. The Montana Chemical Dependency Center (MCDC) was established to provide detoxification, evaluation, treatment, referral, and rehabilitation to persons in Montana who are referred for the treatment of alcoholism or other chemical dependency.

The overall mission of MCDC is to provide appropriate, intensive and quality inpatient services to all residents of Montana. MCDC has accomplished this mission very well. There have been 1,013 individuals served in inpatient treatment and 294 persons received both detoxification and inpatient treatment for a total of 1307 in FY94. 355 persons were detox only admissions that chose to leave and not avail themselves to further treatment services.

While MCDC strongly believes we must provide detox services to individuals scheduled for inpatient treatment, MCDC must realistically analyze the issues associated with the provision of detox only services and recommend the elimination of detox only services for the following reasons:

- . The provision of detox only services is REGIONAL ,not serving the entire State i.e. 294 of the detox only admissions came from three contiguous counties for 66%.

- . The detox only admissions tend to be inappropriate and very expensive. Ten were medically inappropriate i.e., qualifying for acute care status in a general hospital with serious medical conditions e.g., pneumonia, liver failure, and cardiac problems. Three detox only admissions were in need of psychiatric care and four in need of nursing home care. All had to be transferred by ambulance. In an attempt to ameliorate medical costs MCDC required medical screening at the local level before transfer. Unfortunately, at the local level the hospital started charging \$640, which again is just another expense.

. Detox only admissions also tend to be revolving door i.e., 128 of the 355 were repeat admissions to detox. Some individuals were admitted as many as four times.

. MCDC budget does not provide for the ancillary medical costs incurred by the individual utilizing detox only services (transportation, emergency room services , acute care hospital costs and etc.)Historically, the consumer of medical services tends to be the multiple admission patient (revolving door) who leave against medical advice and do not respond to motivational counseling, refusing referrals to inpatient treatment or referrals to services in the community.

In April of 1994, the Detoxification Services Task Force was established as part of this strategic planning effort. The task force made the following recommendations based on the results of a statewide survey of State Approved Chemical Dependency treatment programs:

. The majority of programs (16 of 19) surveyed recommended downsizing MCDC detox. Downsizing as defined as eliminating detox only admissions, as a service, and limiting detox services to individuals scheduled for inpatient treatment.

. The majority of programs surveyed (12 of 19) also recommended NOT spending more on detox services and less on treatment.

. The committee recommended that regional detoxing be explored in depth. The committee recognizes the funding constraints.

Based on the results of the survey and analysis, the committee recommended legislation to eliminate detox only services.

There is consensus between the Department, MCDC staff, Montana Advisory council on Chemical Dependency and community based chemical dependency treatment programs statewide that elimination of detox only services is the prudent way of capitalizing our limited treatment resources and hope for passage of this bill.

Respectfully submitted,



Norma Jean Boles, Manager
Standards and Quality Assurance
& Medical Coordinator
Alcohol and Drug Abuse Division

Testimony SB 84

This bill, introduced by Senator Chris Christiaens, for the Department of Corrections and Human Services is at the request of the Montana Advisory Council on Chemical Dependency.

SB 84 provides the Montana Chemical Dependency Center (MCDC) with the opportunity to carry out the mission "to provide primary residential treatment services to those patients meeting level three placement, which may or may not include detoxification" in the most resource focused and cost effective manner by the elimination of detox only services.

A utilization review of the state detoxification service both on the Galen campus and in Butte has demonstrated that the service operates as a regional program for the adjacent counties versus a state service. Further, the present admission policies that reflect MCA has led to inappropriate placements of individuals that are beyond the scope of psychiatric and medical services provided. In addition, the program has been used inappropriately as a mission, a shelter, free housing and meals for transients, an acute care hospital, and a detention and correctional center.

The MCDC budget and program mission does not provide for the continued ancillary medical and associated costs incurred by the detox only patient with little to no effective outcomes. Routinely, patients are referred to MCDC detox with primary medical conditions and related complications.

This has led to 55 transfers to the St. James emergency room in FY 94, with 17 resulting in hospitalization. An example of additional costs incurred to provide services to the inappropriate detox only patients are, ambulance transportation @ \$400.00, emergency room cost @ \$800.00 to \$1000.00, plus additional x-ray, laboratory and pharmacy costs and also, additional staff to provide one on one care to medically unstable patients. In an effort to reclaim medical cost St. James has begun to billed MCDC for medical screening of detox only patients prior to admission at \$600.00/patient.

The above descriptions do not include all cost incurred. Cost saving would be substantial with the elimination of these medical costs and a reduction in personal services.

The passage of SB 84 provides MCDC with the authority to appropriately manage admissions to the treatment program while maintaining a safe chemically free environment. The detox only patient is often uncooperative, unpredictable and aggressive. MCDC does not have the facility, resources nor staff to detain, restrain or seclude these patients. The detox only service has also attracted an increased number of transients from out of state as an easy mark. The potential for staff assault and injury is of concern. Local law enforcement has been called on numerous occasions to intervene with combative and threatening patients.

MCDC's mission and philosophy promotes access to public services as a benefit instead of an entitlement. Treating the patient in a manner which expects accountability places value on the service, while discouraging dependency and abuse of the system. The detox only service is inconsistent with, and undermines the programs mission. The system enables repeat admissions to patients not responsive to motivational counseling for continued care.

SB 84 will not prevent anyone from accessing services at MCDC who meet placement criteria for this level of care. SB 84 however, ensures the most cost effective use of limited resources with the best possible outcomes.

Respectfully Submitted

A handwritten signature in black ink, appearing to read "Roland M. Mena", with a stylized flourish at the end.

Roland M. Mena, Director
Montana Chemical Dependency Center

DATE 1-25-95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 84

< ■ > PLEASE PRINT < ■ >

Check One

Name	Representing	Bill No.	Support	Oppose
Norma Pearl Boles	DCHS-ADAD	84	X	
Rolando M. Mena	DCHS-ADAD	84	X	
Carol Bern	DCHS/ADAD	84	X	
Rolando	Gateway	84	X	
BATHE McGowan	CDPM	84	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

MINUTES

**MONTANA SENATE
54th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY

Call to Order: By CHAIRMAN JIM BURNETT, on January 30, 1995, at
1:00 p.m.

ROLL CALL

Members Present:

Sen. James H. "Jim" Burnett, Chairman (R)
Sen. Steve Benedict, Vice Chairman (R)
Sen. Larry L. Baer (R)
Sen. Sharon Estrada (R)
Sen. Arnie A. Mohl (R)
Sen. Mike Sprague (R)
Sen. Dorothy Eck (D)
Sen. Eve Franklin (D)

Members Excused: Senator Terry Klampe

Members Absent: None

Staff Present: Susan Fox, Legislative Council
Serena Andrew, Acting for Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 171, HB 36
Executive Action: SB 157, SB 84, SB 171, HB 36

{Tape: 1; Side: 1}

HEARING ON SB 171

Opening Statement by Sponsor:

SENATOR EVE FRANKLIN, SD #21, GREAT FALLS, requested committee support of her bill to license physical therapist assistants (PTA'S). Completion of a two-year academic-based technical program would be necessary to become a licensed PTA and PTA'S would work under supervision of a physical therapist.

Intent of the bill is to provide increased services where physical therapists are not available - basically in rural areas.

CHAIRMAN BURNETT said he believed parents should teach their children responsibility.

SENATOR ECK said she had heard in another committee that five out of ten of the most costly Medicaid cases were head injuries and many cause problems for life. The same arguments were heard for seat belts, but children don't understand what it means to risk an entire lifetime.

Motion/Vote: THE DO PASS MOTION FOR SB 157 FAILED with **SENATORS ECK, FRANKLIN, and SPRAGUE** voting NO.

Motion/Vote: **SENATOR BENEDICT** MOVED TO TABLE SB 157. The Motion CARRIED with **SENATOR ECK** voting NO.

EXECUTIVE ACTION ON SB 84

Motion: **SENATOR BENEDICT** MOVED SB 84 DO PASS.

Discussion: **SENATOR BAER** said he was concerned about the bill because it would appear to substitute a more expensive treatment for existing services. It would save money for the state, but when patients go to the hospital the cost is passed on to consumers and it will increase the overall cost of health care. He said it was hard to be in favor of this bill.

SENATOR BENEDICT commented that he could see both sides of the issue, but thought it was important to pass this bill. Presently 53 counties pay for their own detox services and don't pass them on. Lewis & Clark, Silver Bow and Missoula use MCDC as a safety valve for their detox problems, passing the cost on to the state. By having these services provided by MCDC, the really important treatment is not available for people who want to get well. He said he would vote for the bill.

SENATOR FRANKLIN asked what would be saved if emergency services were not provided at MCDC. **Mr. Bruno** replied the current estimate is approximately \$130,000 per year or more. It would be a great savings. Money should be put back into communities.

SENATOR FRANKLIN asked **Mr. Bruno** what would be done with the money. **Mr. Bruno** responded that it would go through the earmarked revenue account back to the counties where it belongs. Detox is just a regional program being provided for three counties.

SENATOR FRANKLIN inquired about the criteria for disbursement. **Mr. Bruno** said it is based on county needs on an 85:15 formula.

SENATOR ECK commented that the problem arises from the lack of money. The tax on alcohol is not high enough, but she wouldn't

try to amend an increase in that tax into this bill. In the long term, she thought people should be looking at an increase in the alcohol tax to pay for the cost of the detox program.

SENATOR BENEDICT said three counties have created a problem for the rest of the state. Shrinking revenues from the sale of alcohol are likely. Services should go where they will do the most good.

SENATOR BAER said **SENATOR BENEDICT** had alleviated some of his concerns about this bill but he was concerned that the solution being proposed will only create more problems by shifting the costs to hospital emergency rooms.

{Tape: 1; Side: B}

SENATOR FRANKLIN commented that once services have been discontinued, they never seem to return. **SENATOR BENEDICT** is correct; it's a state-provided service being used by one region.

CHAIRMAN BURNETT said the safety net will always be the emergency room.

Motion/Vote: THE DO PASS MOTION FOR SB 84 CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON HB 36

Motion/Vote: SENATOR MOHL MOVED HB 36 DO PASS. The Motion CARRIED UNANIMOUSLY.

EXECUTIVE ACTION ON SB 171

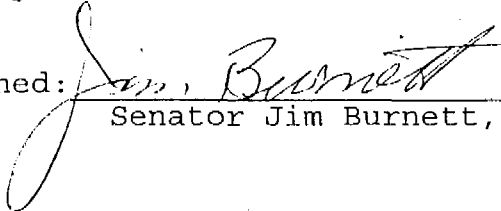
Motion/Vote: SENATOR BAER MOVED SB 171 DO PASS AS AMENDED. The motion CARRIED UNANIMOUSLY.

SENATE STANDING COMMITTEE REPORT

Page 1 of 1
January 30, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 84 (first reading copy -- white), respectfully report that SB 84 do pass.

Signed: 

Senator Jim Burnett, Chair

 Amd. Coord.

 Sec. of Senate

251448SC.SRF

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN DUANE GRIMES, on March 1, 1995, at
3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce Simon
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: Rep. Carolyn M. Squires (D)

Members Absent: None

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 158
SB 40
SB 236
SB 84
Executive Action: SB 55 DO CONCUR
SB 120 DO CONCUR

{Tape: 1; Side: A; Approx. Counter: 000; Comments: n/a.}

HEARING ON SB 84

Opening Statement by Sponsor:

SEN. CHRIS CHRISTIAENS, SD 23 in Cascade County, presented SB 84. The bill would revise services provided by the Montana Chemical Dependency Center.

Proponents' Testimony:

Darryl Bruno, Administrator, Alcohol and Drug Abuse Division, Department of Corrections, testified in support of the bill. He said that SB 84 would change the scope of operations at the Montana Chemical Dependency Treatment Center in Butte. The elimination of the detoxification services for the revolving door alcoholic will decrease state expenditures. The emphasis will be towards community outpatient programs. He said that MCDC could not be all things to all communities, but rather the programs at MCDC must serve the state. **EXHIBIT 12**

Norma Jean Boles, Manager of Standards and Quality Assurance and Medical Coordinator, Department of Corrections, testified in support of the bill. She said the bill was a proactive solution to the escalating costs and problems associated with the provision of detox only services. She cited the reasons for the recommendations. She said the services were regional and did not serve the entire state. The detox only admissions were often inappropriate. Many of the admissions were repeat. The MCDC budget did not provide for the ancillary medical costs that occurred through the utilization of the services. She said that survey results of the programs recommended downsizing and elimination of the detox only services. **EXHIBIT 13**

Roland Mena, Director of the Montana Chemical Dependency Center, presented his views in support of the bill. He said this would focus resources and provide the best quality of services. The use of the detox program has been inappropriately used. For example, the program was used as a mission, shelter, free housing and meals for transients, as an acute care hospital and a detention center. He discussed some of the problems and costs associated with this type of use. He pointed out the bill would not prevent anyone from accessing services at MCDC who meet placement criteria for this level of care. **EXHIBIT 14**

Rod Robinson, Gateway Recovery Center in Great Falls, testified in support of the bill. He said the center was one of the programs that met out-patient services. The quality of care will increase as the revolving door image decreases. Also there will be a cost savings as a result of better treatment. The person in need of receiving medical detoxification prior to receiving primary treatment services is less than 5%. Treatment of the condition can occur rather than just the crisis.

Betty Wing, member of the Chemical Dependency Advisory Council, Missoula, testified in support of the bill. She said this would be the best use of resources and would not cause any unreasonable problems.

Kathy McGowan, representing Chemical Dependency Programs of Montana, testified in support of the bill. She said their members participated with the task force to develop this bill and fully endorsed it.

Frank L. Lane, Executive Director, Eastern Montana Community Mental Health Center, submitted a letter supporting SB 84. EXHIBIT 15

Michael Cummins, MA, Executive Director, Flathead Valley Chemical Dependency Clinic, submitted a letter in support of SB 84. EXHIBIT 16

Robert M. Ross, Executive Director, MHC-Mental Health Center, submitted a letter in support of SB 84. EXHIBIT 17

Sandra J. Lambert, R.N., Miles City, submitted a letter in support of this bill. EXHIBIT 18

{Tape: 3; Side: B; Approx. Counter: 000; Comments: n/a.}

Opponents' Testimony:

Bob Olsen, Montana Hospital Association, spoke against SB 84. He pointed out that the state agency responsible for addressing alcohol and chemical dependency says they no longer have enough money to carry out their statutory responsibilities. The bill would not solve the problem of revolving door alcoholics. Instead those people will be taken to community hospitals. The costs for detoxification are usually uncollectible. He said the state should not shirk their responsibilities and pass off the problem back to the communities. EXHIBIT 19

Questions From Committee Members and Responses:

REP. SIMON asked about 53-24-304, MCA, regarding physical harm done by intoxicated people. As this would be repealed, what would happen to those people? Ms. Boles replied that essentially this was only serving two counties. The emergency commitment is only in force at MCDC. It is not within the communities. The police officer has the ability to take them into protective custody. The officer would decide what to do depending on the condition of the person, but he would not have the commitment papers.

REP. HAGENER asked about the insufficient funding. Mr. Bruno replied the funding did not generate additional revenue. REP. HAGENER said she had two concerns. One if there were no detox services, then someone would end up paying for hospital care or

jail. She said she was concerned that the local alcohol programs continue to function. **Mr. Bruno** said the services were only used regionally. Other communities were too far away. The state should not be running a regional program for four or five counties in the state. Savings made by MCDC can be put back into the program and they can continue to operate. The only way to eliminate the problems of people needing detox is to provide inpatient and outpatient treatment. Otherwise it is a revolving door problem.

Closing by Sponsor:

SEN. CHRISTIAENS closed on the bill. He said the situation is a lack of money to do what is needed. The question is how to pay for services for chemically dependent people in the state. The tax on alcohol continues to diminish. If the bill does not pass it means a decrease of \$100,000 for each year in the next biennium for community programs. Community programs are not functioning at the level that they could if they had the money. Funding would help the 1,500 people who are in the 32 community programs now.

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services & Aging

DATE March 1, 95

BILL NO. SB 84

SPONSOR(S) Christiaens

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
NORMA Jean Boles	DCHS - ADAD	X	
Betty Wing, Courthouse, Missoula	Advisory Council on Chemical Dependency	X	
Roland Mann	DCHS - MCDC	X	
Carol Brown	DCHS - ADHIS	X	
KATHY McGOWAN	CDAM	X	
Bob Olsen	MHA		X
Pat Melney	Rock Foundation	Neutral	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HR:1993

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CS-14

SENATE BILL 84

TESTIMONY OF THE MONTANA HOSPITAL ASSOCIATION

MHA opposes Senate Bill 84, a bill to terminate detoxification services at the Montana chemical dependency center in Butte. We do so for several reasons.

Senate Bill 84 is proposed because the state agency responsible for addressing alcohol and chemical dependency says they no longer have enough money to carry out their statutory responsibilities. **The bill merely lets the state off the hook for providing services for which Montanans are taxed.** The state thus solves their problem. The tax dollars are spent elsewhere in the system, and the funding shortage is resolved.

But what happens to people who still need services? The state, in the fiscal note, says someone else has to solve the problem of "revolving door" alcoholics. That someone is community hospitals. The state is sending an unfunded mandate to the hospital. The message is clear: The state doesn't have the money to serve these people, let someone else do it. And by the way, the public expects the job to be done for free.

Well, there is no free lunch. The statute currently directs peace officers and others to take intoxicated persons to a health care facility, and also prevents them from placing the individual under arrest. **This means that people who need care are dumped in the hospital emergency room for care and that the public doesn't have to pay for the care.**

Supporters of the bill say this is a reasonable expectation because hospitals that aren't located near the state facility take care of these people today. The bill actually treats them like all other hospitals distant from state services. That is a cynical way to look at the issue. The state should be addressing this issue statewide. **The Department now proposes to turn their back on the issue statewide, claiming this is a fair solution to the problem. But SB 84 simply doesn't solve the problem.**

MHA objects to the state dumping the responsibility of "drunk tanks" on the hospitals. Often times the admission of intoxicated persons to the emergency rooms creates a safety hazard for the nursing staff and other hospital patients. The costs for detoxification are most often uncollectible. The costs are passed on to those who pay their bills.

MHA urges this committee to vote no on Senate Bill 84. The state should not shirk its responsibilities, and pass the mandate onto the community.

EXHIBIT 18
DATE 3/1/95
SB 84

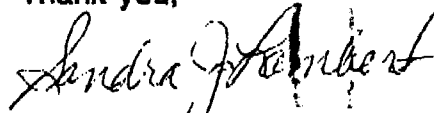
March 1, 1995

Representative Ellen Bergman
Human Services and Aging Committee
Montana House of Representatives
Helena, MT

Dear Ellen,

As a member of the Montana Chemical Dependency Advisory Council and a resident of eastern Montana, I am seeking your support of SB40 and SB84. These bills will result in more equitable use of Chemical Dependency funds, especially for parts of Montana remote from Montana Chemical Dependency Center.

Thank you,



Sandra J. Lambert, R.N.
816 S. Center
Miles City, MT 59301

SL/bb

MHC
Mental Health Center

EXHIBIT 17
DATE 3/1/95
SB 84

February 28, 1995

Darryl Bruno
Alcohol and Drug Abuse Division
Department of Corrections and Human Services
1539 Eleventh Avenue
Helena, MT 59620

RE: SE84

Dear Darryl:

I would like to offer my support for Senate Bill 84 that specifically revises the services provided by the Montana Chemical Dependency Center. On the mental health side of care in our state, we have gone to great lengths to ensure that the utilization of Montana State Hospital for the mentally ill is correct, efficient and appropriate for the types of individuals who are treated at that facility. We have also gone to great lengths in the mental health community to provide immediate emergency services in the community for those individuals who otherwise might be referred to Montana State Hospital on a crisis stabilization basis and then subsequently discharged a few hours or days later. I think it makes perfect sense that we would be consistent in the provision of chemical dependency services at the Montana Chemical Dependency Center. It makes absolutely no sense for MCDC to become strictly a detox center for those individuals who have absolutely no interest or intent in following up with treatment. The general impact of using MCDC as a community detox center is that it takes a great deal of staff resources and tends to be very expensive, with very little gain in regard to treatment or revenue. I feel strongly that the MCDC facility should be reserved for those individuals who have the potential and intent for treatment rather than to simply be detoxified so they can return to their own home environment.

Sincerely,



Robert M. Ross, M.S., LPC
Executive Director

RMR:lm

FLATHEAD VALLEY CHEMICAL DEPENDENCY CLINIC

P.O. Box 7115
1312 N. Meridian Road
Kalispell, MT 59904-0115
(406) 756-6453
FAX (406) 756-8546

North Valley Office
P.O. Box 2418
6 - 9th Street
Columbia Falls, MT 59912
(406) 892-7900

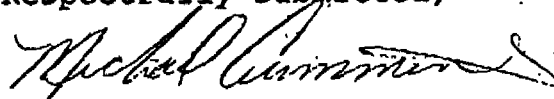
EXHIBIT 16
DATE 3/1/95
SB 84

Human Services Committee
House of Representatives
March 1, 1995
Testimony: S.B. 84

Please accept this written testimony as evidence of our support of Senate Bill 84 which would eliminate detoxification only services at Montana Chemical Dependency Center.

Our experience is that this service is regional in nature and minimally benefits residents of Flathead County.

Respectfully Submitted,



Michael Cummins, MA
Executive Director
Flathead Valley Chemical
Dependency Clinic

MC/dnm

cc: Susan Smith

EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER

REGIONAL ADMINISTRATIVE OFFICE
BUSINESS AND STATISTICAL OFFICE

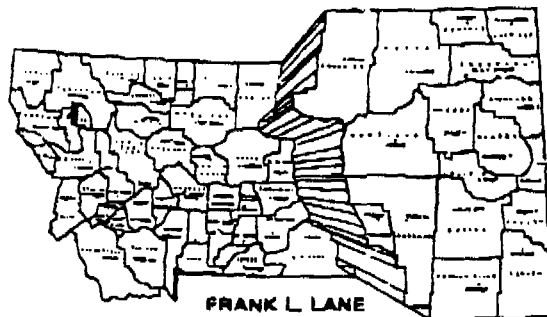
P.O. Box 1530

2508 Wilson

Miles City, Montana 59301

PH. (406) 232-0234

Fax (406) 232-0235



February 28, 1995

EXHIBIT 15
DATE 3/1/95
SB 84

Representative Ellen Bergman
House Human Services Committee
House of Representatives
Capital Station
Helena, MT 59620

Dear Ellen:

The House Human Services Committee will be considering two bills which will impact the delivery of Chemical Dependency Services in Montana. I believe both bills have the potential to provide significant cost savings to the State of Montana and positively impact the ability of local Chemical Dependency programs to function.

I am referring to Senate Bill 40 and Senate Bill 84.

Senate Bill 40, as I understand it, would require the inpatient certification by a local approved program before a person could be admitted to the Montana Chemical Dependency Center in Butte. This would significantly reduce inappropriate admissions to the Center. We already do this for the mentally ill by requiring community certification before admission to the Montana State Hospital. I strongly urge your support of SB40.

Senate Bill 84 would close the detox unit at the Montana Chemical Dependency Center. All counties are in favor of this bill except for the two counties which use it the most. This detox unit is essentially unavailable for all of the Eastern Counties. Closure of this unit would save money and free up funds for community treatment programs. Please vote for SB 84.

I hope the session is going well for you. If you have any questions, please feel free to contact me.

Sincerely,

Frank L. Lane
Executive Director

FLI/ram

Testimony SB 84

This bill, introduced by Senator Chris Christiaens, for the Department of Corrections and Human Services is at the request of the Montana Advisory Council on Chemical Dependency.

SB 84, will change the scope of operations at the Montana Chemical Dependency Treatment Center (MCDC) in Butte. The Montana Chemical Dependency Center is the state's public funded inpatient and non hospital detoxification chemical dependency treatment program. MCDC is funded from earmarked alcohol tax revenue appropriated by the legislature. The fy 96 operating budget is over \$2,500,000 with a staff of about 47 FTE. MCDC's budget represents over 60% of the total earmarked (state) funding for chemical dependency treatment and prevention services. Therefore appropriate and necessary utilization of this program by the state is of prime concern.

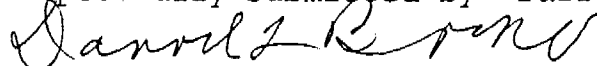
What is this bill all about?

It is about decreasing state expenditures by eliminating a regional program that does not serve the state very well. SB 84 will abolish detoxification services for the revolving door alcoholic who are from counties adjacent to the program primarily Missoula and Silver Bow (60%), individuals who return to MCDC time and again to sober up and then return to drinking and drug use, some of which have severe psychiatric & medical problems.

The executive budget proposal included a Personal Services Reduction for detoxification services. DCHS priority for chemical dependency services must be inpatient and outpatient treatment. We believe that this reduction is conservative and greater savings will be realized. It is imperative that **state expenditures** from the only state source for chemical dependency services be reduced.

Appropriations for state programs are utilizing more of the earmarked revenue. Less is available to distribute to community out patient programs, the **back bone** of our chemical dependency system. In **Fy 84** state appropriations consumed about 50% of the total earmarked alcohol revenue, in **Fy 94** state expenditures were 75% of the total. Projected distribution to counties for approved programs in the executive budget has dropped from \$1,330,000 in Fy 92 to \$800,000 in fy 96. Community programs need a solid base of earmarked revenue to survive. Every piece of legislation requested by the DCHS/ADAD this session intends to reverse the trend and put earmarked revenue back into community outpatient programs. MCDC cannot be all things to all communities. We believe Programs at MCDC must serve the state.

Respectfully Submitted by Darryl L. Bruno



Administrator of the Alcohol and Drug abuse Division
Department of Corrections and Human Services.

DEPARTMENT OF CORRECTIONS
AND HUMAN SERVICES

EXHIBIT 13
DATE 3/1/95
SB 84



MARC RACICOT, GOVERNOR

1539 11TH AVENUE

STATE OF MONTANA

(406) 444-3930
FAX: (406) 444-4920

PO BOX 201301
HELENA, MONTANA 59620-1301

TESTIMONY FOR SB 84

SB 84 is a proactive solution to escalating costs and problems associated with the provision of detox only services. The Montana Chemical Dependency Center (MCDC) was established to provide detoxification, evaluation, treatment, referral, and rehabilitation to persons in Montana who are referred for the treatment of alcoholism or other chemical dependency.

The overall mission of MCDC is to provide appropriate, intensive and quality inpatient services to all residents of Montana. MCDC has accomplished this mission very well. There have been 1,013 individuals served in inpatient treatment and 294 persons received both detoxification and inpatient treatment for a total of 1307 in FY94. 355 persons were detox only admissions that chose to leave and not avail themselves to further treatment services.

While MCDC strongly believes we must provide detox services to individuals scheduled for inpatient treatment, MCDC must realistically analyze the issues associated with the provision of detox only services and recommend the elimination of detox only services for the following reasons:

- . The provision of detox only services is REGIONAL ,not serving the entire State i.e. 215 of the detox only admissions came from two adjacent counties for 60%.

- . The detox only admissions tend to be inappropriate and very expensive. A quality assurance review revealed 14 inappropriate admissions in a six month time span. Ten were medically inappropriate i.e., qualifying for acute care status in a general hospital with serious medical conditions e.g., pneumonia, liver failure, and cardiac problems. Three detox only admissions were in need of psychiatric care and one in need of nursing home care. All had to be transferred by ambulance. In an attempt to ameliorate medical costs, MCDC required medical screening at the local level before transfer. Unfortunately, at the local level, the hospital started charging \$640 for the screening, which again is just another expense.

(cont) SB 84

PAGE 2 of 2

. Detox only admissions also tend to be revolving door i.e., 128 of the 355 were repeat admissions to detox. Some individuals were admitted as many as four times.

. MCDC budget does not provide for the ancillary medical costs incurred by the individual utilizing detox only services (transportation, emergency room services , acute care hospital costs and etc.)Historically, the consumer of medical services tends to be the multiple admission patient (revolving door) who leave against medical advice and do not respond to motivational counseling, refusing referrals to inpatient treatment or referrals to services in the community.

In April of 1994, the Detoxification Services Task Force was established as part of this strategic planning effort. The task force made the following recommendations based on the results of a statewide survey of State Approved Chemical Dependency treatment programs:

. The majority of programs (16 of 19) surveyed recommended downsizing MCDC detox. Downsizing as defined as eliminating detox only admissions, as a service, and limiting detox services to individuals scheduled for inpatient treatment.

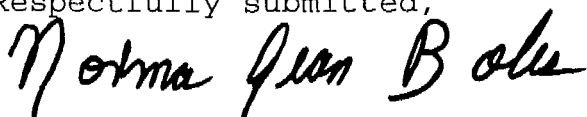
. The majority of programs surveyed (12 of 19) also recommended NOT spending more on detox services and less on treatment.

. The committee recommended that regional detoxing be explored in depth. The committee recognizes the funding constraints.

Based on the results of the survey and analysis, the committee recommended legislation to eliminate detox only services.

There is consensus between the Department, MCDC staff, Montana Advisory council on Chemical Dependency and community based chemical dependency treatment programs statewide that elimination of detox only services is the prudent way of capitalizing our limited treatment resources and hope for passage of this bill.

Respectfully submitted,



Norma Jean Boles, Manager
Standards and Quality Assurance
& Medical Coordinator
Alcohol and Drug Abuse Division

MINUTES

**MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION**

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on March 3, 1995, at
3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Dick Green (R)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)

Members Excused: Rep. Bruce T. Simon (R)

Members Absent: Rep. Kenneth Wennemar (D)

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 244, SB 270
Executive Action: SB 150 BE CONCURRED IN AS AMENDED
SB 217 BE CONCURRED IN
SB 271 POSTPONED
SB 270 BE CONCURRED IN
SB 40 BE CONCURRED IN
SB 84 BE CONCURRED IN

{Tape: 1; Side: A; Approx. Counter: 0; Comments: None.}

EXECUTIVE ACTION ON SB 270

Motion/Vote: REP. BRAD MOLNAR MOVED THAT SB 270 BE CONCURRED IN.
The motion carried unanimously.

EXECUTIVE ACTION ON SB 40

Motion: REP. JOHN BOHLINGER MOVED THAT SB 40 BE CONCURRED IN.

Discussion:

REP. BOHLINGER mentioned that this bill gives an opportunity for the state to save money as it is funded through alcohol tax.

Vote: Motion carried 15-1 with REP. BONNIE MARTINEZ voting no.

{Tape: 2; Side: B; Approx. Counter: 550; Comments: NA.}

EXECUTIVE ACTION ON SB 84

Motion: REP. BRUCE SIMON MOVED THAT SB 84 BE CONCURRED IN.

Discussion:

REP. LIZ SMITH clarified that this bill was doing away with the detox program and reusing the monies elsewhere.

REP. CAROLYN SQUIRES clarified where the beginning of the detox program was in Missoula. Darryl Bruno replied that people in need are transported to the Montana Chemical Dependency Center.

REP. SQUIRES then asked who pays when the state doesn't and Mr. Bruno answered that insurance pays or the costs are absorbed by the hospital.

{Tape: 2; Side: B; Approx. Counter: 625; Comments: REP. MOLNAR asked a question that was not picked up on the tape.}

REP. SIMON said that each county was to provide detox services for that area and one region of the state should not be able to transport people to use the state facility when everyone else goes to their own area.

REP. L. SMITH stated that it was too costly and there was not enough staff to provide for the detox service at the hospitals.

REP. BILL CAREY asked REP. SQUIRES to respond to the Montana Hospital Association's assertion that they're dumping an unfunded mandate on the hospitals. She replied that if someone has insurance then it's all right, but otherwise the cost is taken in by the hospital, and that's unfair to the county. She stated

that is was mostly the problem of indigents that needed to be addressed.

REP. ELLEN BERGMAN said she thought that their hospital in Miles City had already been giving the help and supported the bill.

REP. SQUIRES replied that Missoula has not established that yet.

REP. SIMON stated that the reason Missoula did not have the facility was that they were relatively close to Galen and able to send people there, but Missoula would have one soon.

Vote: Motion carried 14-2 with REPS. SQUIRES and CAREY voting no.

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL

DATE 3-3-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green	✓		
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon			✓
Rep. Liz Smith	✓		
Rep. Susan Smith	✓		
Rep. Loren Soft	✓		
Rep. Ken Wennemar		✓	



HOUSE STANDING COMMITTEE REPORT

March 6, 1995

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Mr. Speaker: We, the committee on Human Services and Aging report that Senate Bill 84 (third reading copy -- blue) be concurred in.

Signed: _____

Duane Grimes, Chair

Carried by: Rep. Simon

Committee Vote:
Yes 14, No 2.

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